

SB0175S01 compared with SB0175

~~{Omitted text}~~ shows text that was in SB0175 but was omitted in SB0175S01

inserted text shows text that was not in SB0175 but was inserted into SB0175S01

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

1 **Health Insurance Coverage Amendments**
 2026 GENERAL SESSION
 STATE OF UTAH
 Chief Sponsor: Karen Kwan
 House Sponsor:Norman K Thurston

2

3 **LONG TITLE**

4 **General Description:**

5 This bill modifies provisions regarding autism insurance coverage.

6 **Highlighted Provisions:**

7 This bill:

- 8 ▸ amends definitions;
- 9 ▸ requires health benefit plans to allow additional health care providers to receive insurance reimbursement for diagnosing autism;
- 11 ▸ eliminates outdated language regarding preexisting insurance mandates; and
- 12 ▸ makes other technical and conforming changes.

13 **Money Appropriated in this Bill:**

14 None

15 **Other Special Clauses:**

16 This bill provides a special effective date.

17 **Utah Code Sections Affected:**

18 AMENDS:

SB0175

SB0175 compared with SB0175S01

19 **26B-3-904** , as renumbered and amended by Laws of Utah 2023, Chapter 306

20 **31A-22-642** , as last amended by Laws of Utah 2022, Chapter 415

21

22 *Be it enacted by the Legislature of the state of Utah:*

23 Section 1. Section **26B-3-904** is amended to read:

24 **26B-3-904. Program benefits.**

25 (1) Except as provided in Subsection (3), medical and dental program benefits shall be benchmarked, in
26 accordance with 42 U.S.C. Sec. 1397cc, as follows:

27 (a) medical program benefits, including behavioral health care benefits, shall be benchmarked effective
28 July 1, 2019, and on July 1 every third year thereafter, to:

29 (i) be substantially equal to a health benefit plan with the largest insured commercial enrollment offered
30 by a health maintenance organization in the state; and

31 (ii) comply with the Mental Health Parity and Addiction Equity Act, Pub. L. No. 110-343; and

32 (b) dental program benefits shall be benchmarked effective July 1, 2019, and on July 1 every third
33 year thereafter in accordance with the Children's Health Insurance Program Reauthorization Act of
34 2009, to be substantially equal to a dental benefit plan that has the largest insured, commercial, non-
35 Medicaid enrollment of covered lives that is offered in the state, except that the utilization review
36 mechanism for orthodontia shall be based on medical necessity.

37 (2) On or before July 1 of each year, the department shall publish the benchmark for dental program
38 benefits established under Subsection (1)(b).

40 (3) The program benefits:

41 (a) for enrollees who are at or below 100% of the federal poverty level are exempt from the benchmark
42 requirements of Subsections (1) and (2); and

43 (b) shall include ~~[treatment for autism spectrum disorder]~~ autism spectrum disorder treatment as defined
44 in Section 31A-22-642, which:

45 (i) shall include coverage for applied behavioral analysis; and

46 (ii) if the benchmark described in Subsection (1)(a) does not include the coverage described in this
47 Subsection (3)(b), the department shall exclude from the benchmark described in Subsection (1)(a)
48 for any purpose other than providing benefits under the program.

50 Section 2. Section **31A-22-642** is amended to read:

51 **31A-22-642. Insurance coverage for autism spectrum disorder.**

SB0175 compared with SB0175S01

- 53 (1) As used in this section:
- 54 (a) "Applied behavior analysis" means the design, implementation, and evaluation of environmental
modifications, using behavioral stimuli and consequences, to produce socially significant
improvement in human behavior, including the use of direct observation, measurement, and
functional analysis of the relationship between environment and behavior.
- 59 (b) "Autism spectrum disorder" means pervasive developmental disorders as defined by the most recent
edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- 62 (c) "Autism spectrum disorder diagnosis" means medically necessary assessments, evaluations, or tests
that are:
- 64 (i) generally accepted within the medical and mental health professions to be appropriate and necessary
to diagnose whether an individual has an autism spectrum disorder; and
- 67 (ii) performed by a qualified health care provider.
- 68 (d)
- (i) "Autism spectrum disorder treatment" means evidence-based care and related equipment prescribed
or ordered for an individual diagnosed with an autism spectrum disorder by a qualified health care
provider who determines the care to be medically necessary.
- 72 (ii) "Autism spectrum disorder treatment" includes:
- 73 (A) behavioral health treatment;
- 74 (B) pharmacy care;
- 75 (C) psychiatric care;
- 76 (D) psychological care; and
- 77 (E) therapeutic care.
- 78 [(e)] (e) "Behavioral health treatment" means counseling and treatment programs, including applied
behavior analysis, that are:
- 80 (i) necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an
individual; and
- 82 (ii) provided or supervised by a:
- 83 (A) board certified behavior analyst; or
- 84 (B) person licensed under Title 58, Chapter 1, Division of Professional Licensing Act, whose scope of
practice includes mental health services.

86

SB0175 compared with SB0175S01

[~~(d) "Diagnosis of autism spectrum disorder" means medically necessary assessments, evaluations, or tests;~~]

88 [(i) ~~performed by a licensed physician who is board certified in neurology, psychiatry, or pediatrics and~~
has ~~experience diagnosing autism spectrum disorder, or a licensed psychologist with experience~~
diagnosing autism spectrum disorder; and]

92 [(ii) ~~necessary to diagnose whether an individual has an autism spectrum disorder.~~]

93 [(e)] (f) "Pharmacy care" means medications prescribed by a licensed physician and any health-related
services considered medically necessary to determine the need or effectiveness of the medications.

96 [(f)] (g) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in
the state in which the psychiatrist practices.

98 [(g)] (h) "Psychological care" means direct or consultative services provided by a psychologist licensed
in the state in which the psychologist practices.

100 (i) "Qualified health care provider" means an individual who:

101 (i) has completed training recognized by medical and mental health professions as being appropriate
and necessary to diagnose whether an individual has an autism spectrum disorder; and

104 (ii) is licensed as any of the following:

105 (A) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68,
Utah Osteopathic Medical Practice Act;

107 (B) an advanced practice registered nurse licensed under Title 58, Chapter 31b, Nurse Practice Act;

109 (C) a clinical social worker licensed under Title 58, Chapter 60, Part 2, Social Worker Licensing Act;

111 (D) a marriage and family therapist licensed under Title 58, Chapter 60, Part 3, Marriage and Family
Therapist Licensing Act;

113 (E) a clinical mental health counselor licensed under Title 58, Chapter 60, Part 4, Clinical Mental
Health Counselor Licensing Act;

115 (F) a psychologist licensed under Title 58, Chapter 61, Psychologist Licensing Act; or

117 (G) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act.

119 [(h)] (j) "Therapeutic care" means services provided by licensed or certified speech therapists,
occupational therapists, or physical therapists.

121 [(i) ~~"Treatment for autism spectrum disorder";~~]

122

SB0175 compared with SB0175S01

[~~(i) means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a physician or a licensed psychologist described in Subsection (1)(d) who determines the care to be medically necessary; and]~~

[~~(ii) includes:~~]

[~~(A) behavioral health treatment, provided or supervised by a person described in Subsection (1)(c)(ii);]~~

[~~(B) pharmacy care;~~]

[~~(C) psychiatric care;~~]

[~~(D) psychological care; and]~~

[~~(E) therapeutic care.~~]

(2)

(a) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan offered in the individual market or the large group market and entered into or renewed on or after ~~[January 1, 2016, and before]~~ January 1, 2020, shall provide coverage for ~~[the]~~ autism spectrum disorder diagnosis and autism spectrum disorder treatment~~[of autism spectrum disorder]:~~

(i) for a child who is at least two years old, but younger than 10 years old; and

(ii) in accordance with the requirements of this section and rules made by the commissioner.

~~[(b) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan offered in the individual market or the large group market and entered into or renewed on or after January 1, 2020, shall provide coverage for the diagnosis and treatment of autism spectrum disorder in accordance with the requirements of this section and rules made by the commissioner.]~~

(3) The commissioner may adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to set the minimum standards of coverage for ~~[the]~~ autism spectrum disorder treatment~~[of autism spectrum disorder]~~.

(4) Subject to Subsection (5), the rules described in Subsection (3) shall establish durational limits, amount limits, deductibles, copayments, and coinsurance for ~~[the]~~ autism spectrum disorder treatment ~~[of autism spectrum disorder]~~ that are similar to, or identical to, the coverage provided for other illnesses or diseases.

(5)

(a) Coverage for behavioral health treatment for a person with an autism spectrum disorder shall cover at least 600 hours a year.

SB0175 compared with SB0175S01

(b) Notwithstanding Subsection (5)(a), for a health benefit plan offered in the individual market or the large group market and entered into or renewed on or after January 1, 2020, coverage for behavioral health treatment for a person with an autism spectrum disorder may not have a limit on the number of hours covered.

(c) Other terms and conditions in the health benefit plan that apply to other benefits covered by the health benefit plan apply to coverage required by this section.

(d) Notwithstanding Section 31A-45-303, a health benefit plan providing treatment under Subsections (5)(a) and (b) shall include in the plan's provider network both board certified behavior analysts and mental health providers qualified under Subsection ~~[(1)(e)(ii)]~~ (1)(e)(ii).

(e) Except as provided in this section, a health benefit plan may implement cost containment strategies, including prior authorization requirements, for autism spectrum disorder treatment.

(6)

(a) A health care provider shall submit a treatment plan for autism spectrum disorder to the insurer within 14 business days of starting treatment for an individual.

(b) If an individual is receiving autism spectrum disorder treatment~~[for an autism spectrum disorder]~~, an insurer ~~[shall have the right to]~~ may request a review of that treatment not more than once every three months.

(c) A review of treatment under this Subsection (6) may include a review of treatment goals and progress toward the treatment goals.

(d) If an insurer makes a determination to stop treatment as a result of the review of the treatment plan under this ~~[subsection]~~ Subsection (6), the determination of the insurer may be reviewed under Section 31A-22-629.

Section 3. **Effective date.**

Effective Date.

This bill takes effect on {~~May 6, 2026~~} January 1, 2027.

1-23-26 8:15 AM